CACFP DAY CARE ENROLLMENT

Name	Sex_	Birth date	Birth date Enrollment Date		
Home Address		Zip Code	Telephone# _		
Parent/Guardian Name		E	Employer		
	siness Address Business Phone				
	arent/ Guardian NameEmployer usiness AddressBusiness Phone				
Marital Status of Parent/Guar					
*Normal days child will atten *Normal hours child will atte				am/pm	
Persons who may be called in	case of illness or emerg	gency if parent/guardi	an cannot be reached	:	
Name	Relationship Address		Telep	Telephone	
1					
2					
3					
Persons designated to pick up	child:				
Name	Relationship	Address	Telep	hone	
1					
2					
3					
Child's Physician					
	Name	Address		Telephone	
Describe any pertinent social	information or special n	needs of the child:			
Describe any physical or me respiratory illness, drug reaction			sthma, diabetes, alle	ergies, heart disease	
Instructions for the care of the	e above-mentioned prob	olems:			
*Doctor's statement on file:	Yes 🗆	No 🛚			
In case of serious emergency care giver to obtain emergency					
Signature of Par	ent or Guardian	<u> </u>	Date		

Revised 2/2005 3-Enrollment & Attendance